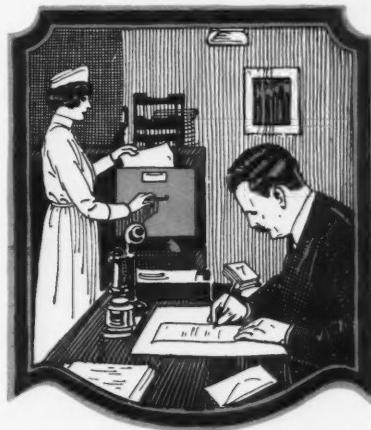


# THE *Canadian Hospital*

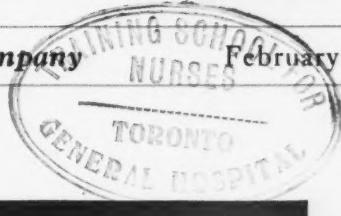
*A Monthly Journal for Hospital Executives*



Toronto, Can.

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IN THIS ISSUE—

Accident Cases from Logging Camps Treated at Lourdes Hospital  
Interesting Opinions Expressed Relative to the 1931 A.H.A. Convention  
Sterilizing Equipment, However Dependable, Should Be Periodically Checked  
Enlarged University of Alberta Hospitals Serve as a Health Centre  
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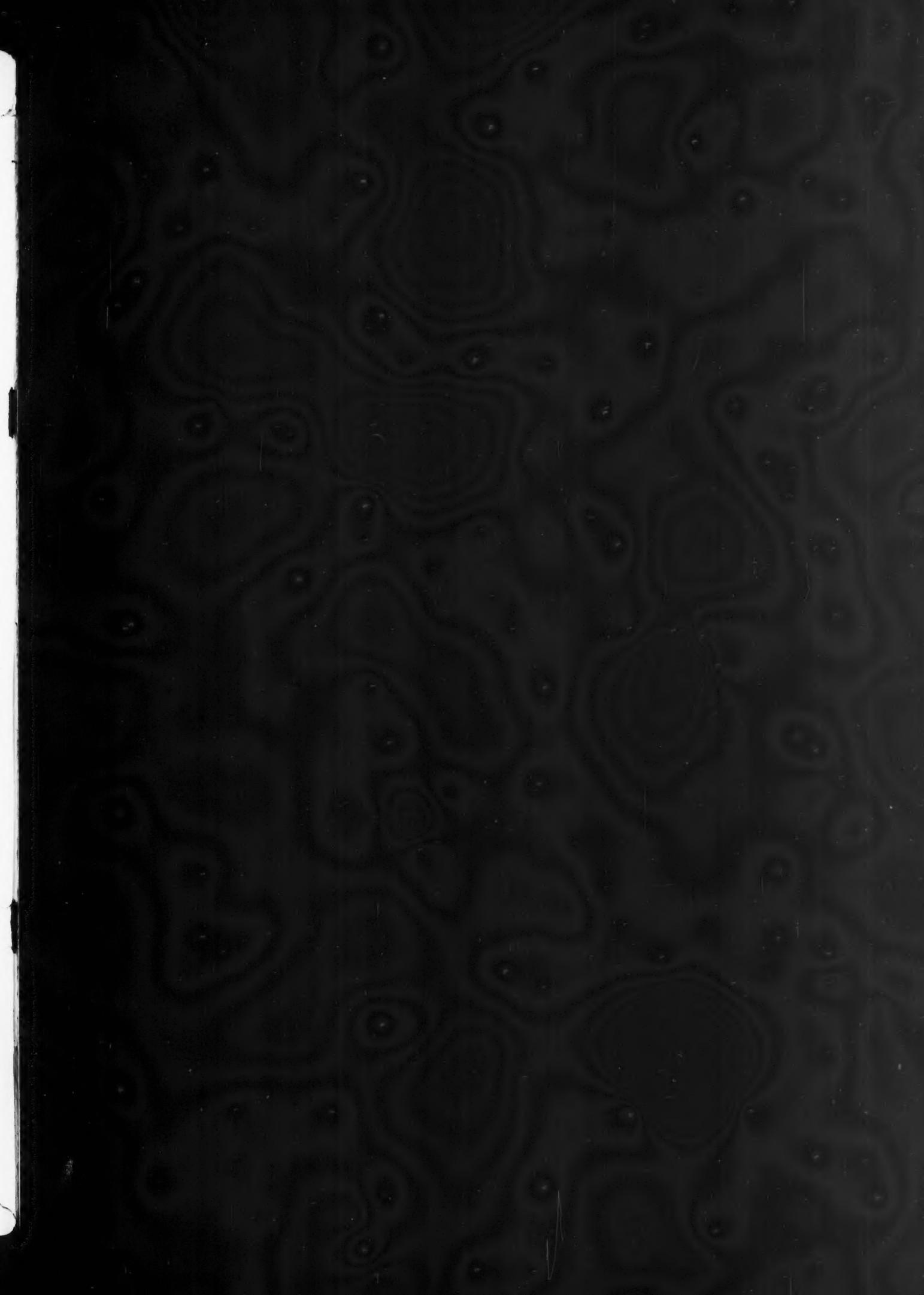
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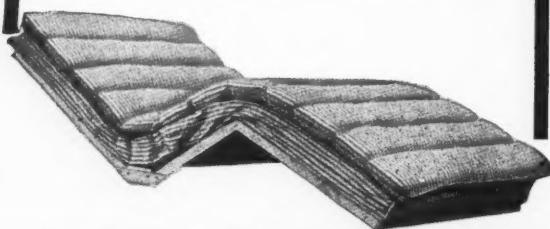
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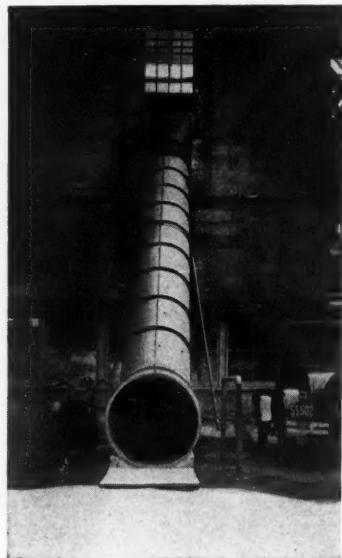
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Terror-stricken, the survivors went to the most extreme lengths to save themselves. The most drastic regulations were made. A red cross, and the words "God have mercy on us," were chalked on the door of every house in which the plague had struck.

The cross on the door served as a warning. But it was also a sentence of death on all within, for no one was permitted to leave these houses. Shut up like rats in a trap, the well were condemned to die with the sick.

Cruel and inhuman? Yes—but only ignorance was to blame. For in 1665, pestilence was regarded as Divine vengeance for sin. Germs were unheard of, sanitation unknown.

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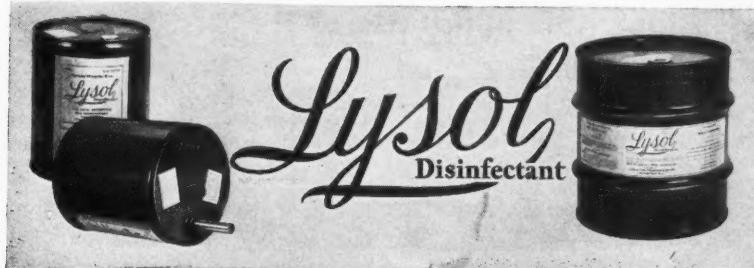
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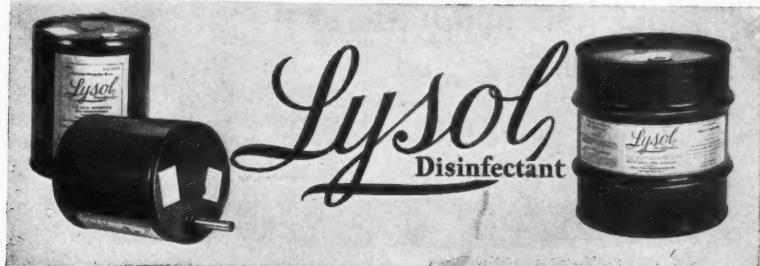
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THE CROSS ON THE DOOR WAS A SENTENCE OF DEATH ON ALL WITHIN



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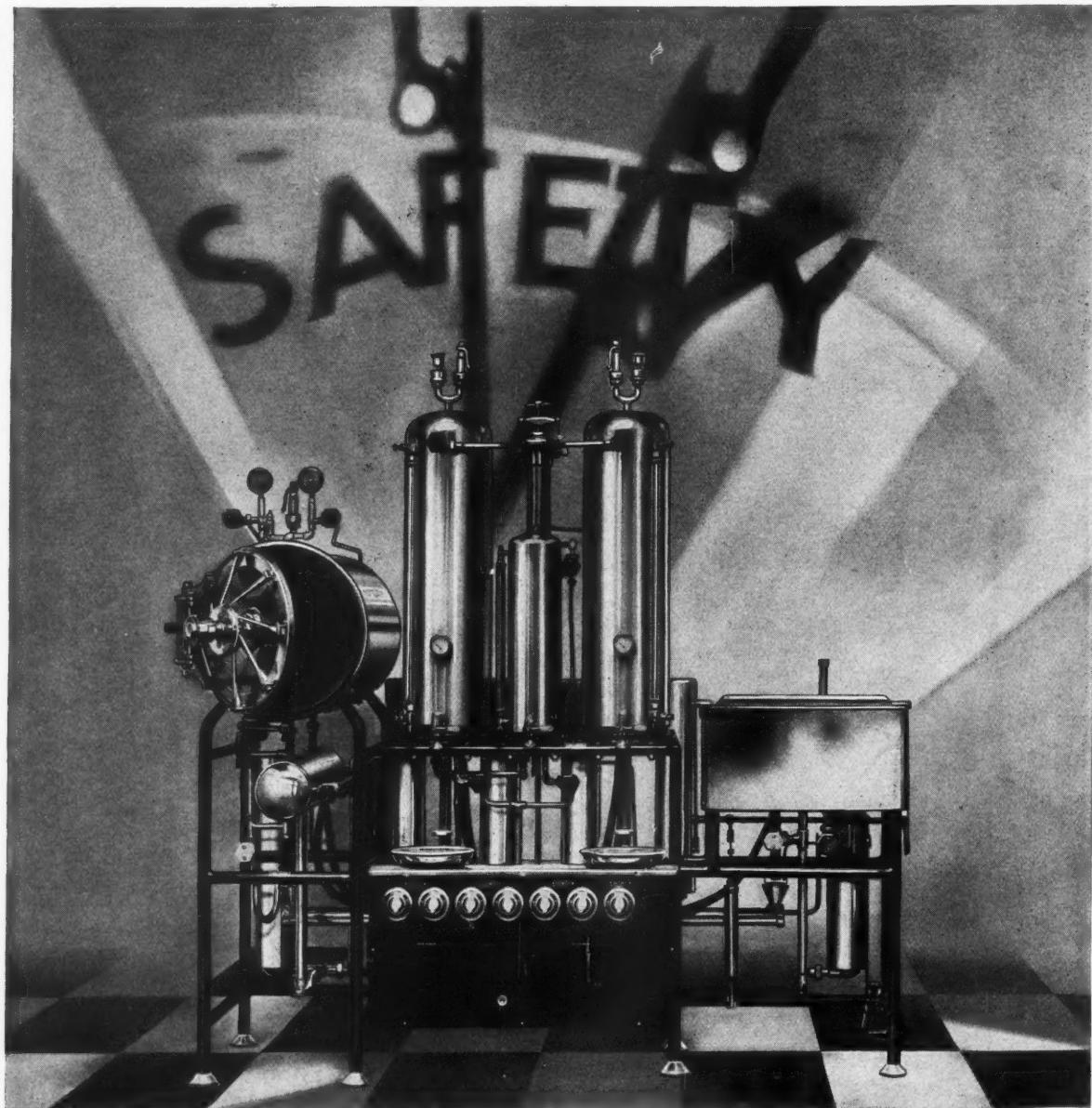
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FEBRUARY, 1931

No. 2

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## May 12th Doubly Significant Date This Year

MAY 12th will be celebrated as usual throughout the North American Continent as National Hospital Day, and hospitals are urged to make their plans early in order that the "hospital consciousness" of the public whom they serve may be raised to the highest possible pitch. If your hospital has found by past experience that the climate of your district and the occupation of the people whose interest you wish to arouse make it well nigh impossible to celebrate National Hospital Day with any degree of success on May 12th, it is recommended that you do not abandon this celebration but appoint some later date which you feel is suitable.

It has become more and more apparent that occupation and climate are very important factors that sometimes seriously impede the celebration of National Hospital Day in Canada on May 12th. As a matter of fact, some six months ago we asked various hospital administrators from coast to coast for their opinion, and while all were definitely in favour of Hospital Day and realized its influence in creating interest in hospital work, some were of the opinion that May 12th was not universally suitable. Others declared that they were against changing the date, mainly because they attached great significance to May 12th, the birthday of Florence Nightingale, and because they appreciated the impetus which a national celebration can give.

Because we feel that sooner or later this matter will be given widespread attention in the Canadian hospital field, we will publish in our March issue some of the opinions which have been expressed on this matter.

No one appreciates better than we do what a well planned programme for National Hospital Day can do to arouse public interest in the work of hospitals. But we do feel that a Hospital Day programme is more effective when celebrated at a time at which it is possible to arouse more general interest than on May 12th merely because it is the day appointed for a national celebration. We are totally in sympathy with what the National Hospital Day Committee sponsors, and our advice to hospitals would be, "Celebrate Hospital Day whenever you feel that it can be sponsored to the best advantage locally, but celebrate it!"

We are pleased to announce that Mr. Matthew Foley, Editorial Director of Hospital Management, has been appointed Chairman of the National Hospital Day Committee. This honour is well deserved, for Hospital Management has always supported the National Hospital Day movement. In reply to Mr. Foley's request for our editorial support, we have already assured him of it while pointing out the differences of opinion which exist on this matter in Canada. We will endeavour in every way possible to encourage the celebration of Hospital Day in Canada, if not on May 12th, at some other date suitable to specific needs.

May 12th, is doubly significant this year, inasmuch as the birthday of Florence Nightingale, "The Angel of the Crimea," has been appointed as Red Cross Day throughout the British Empire. Nowhere is the Red Cross doing

more outstanding work than in Canada, where there are approximately 50 Red Cross Hospitals, Outposts and Nursing Stations. Not the least important of their activities by any means, is the aid which is now being extended to the unemployed, hostels having been opened in Canada where the unemployed are assured of a place to sleep.

Wherever possible, National Hospital Day and Red Cross Day should be celebrated in a fitting manner, calculated to arouse public interest in the hospitals and in the Red Cross Society.



### *Booklet of "Information for Patients" Issued by Toronto General*

FOR patients applying for admission to the Private Patients Pavilion of the Toronto General Hospital, there is published a small booklet, approximately 3 x 5 inches in dimensions, which contains much information with which patients should be familiar. Patients entering the hospital for the first time are almost certain to feel a certain "strangeness" until they have become "acclimatized," and it is to hasten the acclimatization of patients that this booklet has been published. In addition to presenting information concisely, it saves nurses and other hospital executives the necessity of answering myriad questions, and provides the patient with a means of checking charges for services rendered.

It also overcomes a very difficult situation that requires deft handling, that of familiarizing the patient with the financial obligations which are assumed on entrance to the hospital. In addition it outlines the services which the Private Patients Pavilion renders to its patients and the manner in which they may be procured.

The title page of this little buff coloured booklet contains this admonition: "Please read this booklet. It contains information which if acted upon will enable us to give a more efficient service to our patients." There follows instructions on how to call a nurse and the alternative method to be adopted when the patient is too ill to observe the usual method, the manner in which telephone charges for outgoing and long distance calls are computed, instructions for checking the menu for foods desired, charges for items not included on the dietary list, the hours at which between-meal nourishment are served, announcement of a dining room for visitors with "a la carte" service, visiting hours, instructions for the use of radio equipment.

The question of fees is dealt with at some length, tactfully yet clearly, indicating what services are rendered as part of the daily room charge and which are charged for separately. There follows the schedule of charges for meals served to special nurses and a suggestion that money, jewelry and valuables be left with the secretary for safekeeping. Attention is drawn to the flower shop located in the main rotunda, where flowers and suitable containers may be purchased and sent without delay to the patient's room.

The booklet concludes with this request: "Patients are

earnestly requested to report any complaint of service at the time of such complaint."

A booklet of information for patients similar to the one published by the Toronto General Hospital cannot be too strongly recommended, eliminating as we are certain it does many misunderstandings which might otherwise arise, at the same time voicing a welcome to which the patient is certain to react favourably.



### *Say Kaiser Not Directly Responsible for Death of Nurse Cavell*

**T**HIS new light shed upon the conditions that surround Nurse Edith Cavell's death should prove of interest to our nurse readers, inasmuch as Miss Cavell's heroism is to the World War what Florence Nightingale's was to the Crimean War.

Recently published excerpts from the diary of Marquis de Villalobar suggest that modern historians may have been wrong in their assumption that Kaiser Wilhelm was directly responsible for the death of Nurse Edith Cavell, one of the most shocking atrocities of the World War and one which aroused the ire of the entire civilized world. The excerpts referred to tell of the attempt of the Marquis, Spanish ambassador to Belgium, and Hugh S. Gibson, then first secretary to the United States legation, to prevent the execution of Miss Cavell. The Marquis relates that at Gibson's request, the two of them went to Baron von der Lancken, director of political affairs in occupied Belgian territory, and tried to get a reprieve for the intrepid nurse on the eve of her execution.

The story follows that the Marquis told Baron von der Lancken that "Miss Cavell may have sent hundreds of men to the front by means of her ambulance, but if you kill her she will send millions against you from her tomb." This proved prophetic indeed! The former Kaiser is pictured as very angry when he learned of the execution of Miss Cavell. He subsequently reprimanded those who had permitted it to occur and ordered that in future no women were to be executed.

It will no doubt be recalled that Miss Cavell, head of a British nurses' training school in Brussels, was executed by the Germans on October 13th, 1915, on the charge of assisting British, French and Belgian prisoners in the occupied territory to escape. Despite representations to Baron von der Lancken, the diary claims that General von Sauberweig, the acting governor, was resolved to execute Miss Cavell, and it is to him that her death is attributed.

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### **Simplified Practise Recommendations on Hospital Plumbing Now Available**

The Division of Simplified Practise of the Bureau of Standards at Washington has just announced that the printed pamphlet on simplified practise recommendations R 106-30, Hospital Plumbing Fixtures, is now available. Copies of this recommendation which covers types, sizes and varieties of fixtures, can be obtained from the Superintendent of Documents, Government Printing Office, Washington, D.C., for ten cents each.

## Accident Cases From Logging Camps Treated at Lourdes Hospital

THE opening of the new wing at Lourdes Hospital, Campbell River, B.C., on December 13, 1929, brings to light some interesting facts of construction in which we think our readers should be interested. The hospital now renders a service to the Campbell River District, which cannot be bettered on Vancouver Island. In building the new wing, the Sisters of St. Ann not only more than doubled the capacity of the hospital, but they wove into their plans such attention to detail for the comfort of the patients and the staff that it is a model of what a community hospital should be. Standing on high ground overlooking Discovery Passage, it now has a frontage of 120 feet over all. In front of the hospital a massive concrete wall bounds the grounds, which are yet in the making.

Campbell River is now the centre of three of the largest logging operations in British Columbia and in the very nature of the occupation led by the male residents, many accidents may occur. It is only a few years ago that a patient would have to be brought to Campbell River by boat or car and transferred to a boat for Vancouver or a car for the Comox Hospital. Now he will be brought by an ambulance to the foot of the ramp leading from the ground to the upper floor. He will then be placed on a stretcher and wheeled up the ramp, which has an incline of one inch in eight. The ramp is eleven feet wide and floored with oak, over the centre of which is laid rubber matting. It is panelled to four feet, with an ivory finish plaster above. The lights on the ramp are controlled by a double-casting switch. Just to the left of the top of the ramp are double doors leading into the emergency surgery, where minor injuries are attended to and the patient is prepared for the operating room.

The major operating room is 12 x 16 feet. Its floors and walls are of blue tile and Scialytic portable lights are in use. The most modern surgical and sterilizing appliances are part of the equipment. The patient is registered on entering the minor operating room. The recovery room is adjacent to the operating room, and from thence the patient is wheeled to the bright cheerful ward. None



*REV. FATHER G. R. QUINLAN,  
formerly pastor at Campbell River, B.C., to  
whom thanks are due for practical help and  
advice in connection with the recent additions  
to Lourdes Hospital.*

of these wards contain more than four beds, and some of them only two. Fowler beds, adjustable to almost any angle, are in use. Careful attention has been paid to the furnishings, each ward having a definite colour scheme with curtains to match. Over each bed is an electric light, all bed lights being controlled by one switch at the door. Near the door is a Hi-Low switch so that dim light can be turned on at night and the patients not aroused. Bedside tables are provided for the personal belongings of the patients. Each ward is connected with a bathroom and toilet so that patients do not have to enter the corridor. Each ward is self-contained with tile bathroom and shower, with tile half way up the walls. From each ward there are doors leading to the veranda.

This veranda runs the entire length of the new wing, a distance of 43 feet. It

commands a wonderful panoramic view of Discovery Passage with its sea traffic between Alaska and San Francisco. The easy chairs, reading lamps, library nooks and other beautiful furnishings were given to the hospital by Mr. and Mrs. Buchart of Victoria. It is panelled in oak with green trimmings and is most effective. On the same floor are two private rooms. One of these, in blue and gold, has been furnished by Mr. and Mrs. Roger L. Cobb. The other is furnished in green and gold, the furnishings donated by Mr. and Mrs. A. Sullivan. Nothing has been spared in either to please the eye or contribute to the comfort and well-being of the patient.

The main entrance is by the new wing, the visitor approaching up a series of concrete steps with iron supports, to the red tile entrance, over which there are two wrought iron lamps. On the left is the parlour furnished by the Hudson's Bay Company of Vancouver, and on the right the office with brass grille and sanded glass.

The maternity ward is in the old wing. It is isolated from the rest of the hospital and is a self contained unit. Here is the nursery, with its cots in blue with magnesite

(Continued on next page)



*To the right in the foreground is seen the ramp that wends its way up to Lourdes Hospital, Campbell River, B.C. This hospital does exceptionally fine work among the loggers of the district.*

floor and congoleum rugs. The new labour room is across the passage.

The kitchen has been entirely remodelled and supplied with the latest labour saving devices. There is now installed a dish washer of Monel metal, a bakery finished with magnesite and a refrigerating plant. From the kitchen, there is a dumb waiter to every floor and buzzers connect all floors and departments. The staff dining room is also on the same floor. A beautiful chapel to accommodate about fifty people is being finished in oak panelling and fitted with pews on the first floor. This has an entrance independent of the hospital. Infectious diseases can be taken care of by an isolated ward on the ground floor, with an outside entrance also.

The heating plant in the basement consists of two oil burning furnaces, one to provide the heating for the building, the other hot water for the hospital and the laundry behind the institution proper. The laundry is a building eighty feet long with concrete floor and equipped with steam, running water and mangle. In this building too, the men employed in the laundry and on the grounds have their quarters. The workshop is adjoining. The hospital now has its own power plant situated in a far corner of the property so that it will not cause any annoyance to the patients. It consists of two Petter semi-Diessel, 20 H.P. engines, driving the electric light plant. Every effort has been made to make the building fire-proof and there is a fire alarm on each floor. Each floor is also provided with a chart room and telephone.

The first sod prior to the construction of the new wing of the Lourdes Hospital, was turned on May 29th, 1929, by Reverend Father G. Quinlan. The spade is the same one used on similar occasions by the Sisters since they came to British Columbia over seventy years ago. Recently it served its usual office in their four hundred thousand dollar addition to St. Joseph's Hospital, Victoria. It was in 1926 that the Sisters, yielding to the

entreaties of the logging companies and the residents of the district, took the Campbell River Hospital, now known as the Lourdes Hospital. It had previously been operated by a local committee, but prior to 1926 had been closed for several years. While the original hospital had been a credit to the district, it soon became evident that it was not sufficiently large to take care of the increasing needs. Accordingly the Sisters proceeded to modernize it by completing the first floor and procuring the present staff residence. This relieved the congestion in the hospital proper for the time being at least. But with increasing logging operations and the advent of a new company, the population increased. This necessitated the present addition.

The new wing is laid out as follows: The main entrance leads into the first floor of the new wing. On this floor are found the administration office, parlour, diet kitchen, chart room, two semi-private wards, a three-bed and a four-bed ward, also the surgical department consisting of two operating rooms, a sterilizing room and a doctors' scrub room. Instrument cabinets in the operating rooms are built in, and a maximum of light is received through large metal framed windows. The second floor of the new wing has an observation parlour, described elsewhere, two private rooms, one of which has a private bath, one semi-private and three four-bed wards, nurses' utility room, diet kitchen, chart room. The third storey is finished but will not be used for patients.

The sunroom, the ramp and all wards and semi-private rooms are panelled with laminated fir. The panelling in these rooms has been grained and tinted in individual colours and together with the beds, tables, chairs and draperies, they carry out harmonious colour combinations. Each room and ward has its own wardrobe. There is lavatory accommodation between all wards. All bathrooms, toilets, showers, lavatories and hopper rooms are done in white tile with black margins. The baths are of

Pembroke type and all plumbing fixtures are chromium plated.

As regards lighting, there are individual lights over each bed, thus avoiding ceiling lights, which are so annoying to patients confined to bed. A Hi-low light is used for night duty in the rooms and wards, while the corridors have recessed night lights in the base board. The corridors on the main floor are all finished in oak. Those on the second floor are done in magnesite. The third floor is given over to the Sisters, while the lay nurses have their own home. This is a large and beautifully situated home at a distance of a few hundred feet from the hospital itself.

The laundry has only recently been finished, and is a building 80 by 25 feet, built to harmonize with the hospital proper. At one end may be found two rooms and bath for the engineer and his assistant. The laundry is thoroughly up-to-date in its construction and equipment. This comprises a 60-inch washer, a 26-inch extractor and a 108-inch double return ironer, a steam press for uniforms, a small electric washer, electric irons for small work and a double compartment dry room. The machinery is operated by electricity, while the steam is generated by a 10 H.P. boiler, which also heats the 800 gallon tank.

Electric power is supplied from the power house, situated some four hundred feet away from the hospital. This installation consists of two 14 H.P. Diesel engines hooked up by a tex rope drive to two 9 K.W. generators. Finally, considerable work has been done on the grounds. This has entailed the building of roads, parking quarters, a four hundred foot retaining wall, and last but not least, the erection of a 135 foot flag pole, the gift of the International Timber Company. The result of all this work, however, has been very gratifying.

The Sisters who have so kindly provided the Editor with some of the necessary details for the preparation of this article, wish to go on record for their appreciation of the valuable assistance rendered to them by the Reverend Father G. R. Quinlan, who prepared plans and supervised much of the work. The architects for the building were Twizell & Twizell, Vancouver, B.C. The contractor was Archie Sullivan of Vancouver.

### *Regina General Hospital to Have Psychopathic Hospital*

WHEN we received details from Dr. S. R. D. Hewitt some two months ago regarding the new Psychopathic Division of the Regina General Hospital, approximately one-third of the building formerly occupied by the nursing staff was being converted into quarters for about twenty patients, equally divided between male and female. No doubt these renovations have been completed by now and the new division in working order. This new department of the Regina General Hospital was instituted through the co-operation of the Provincial Department of Health of the Province of Saskatchewan, and the hospital, represented by the Board of Governors. It is the first Psychopathic Hospital, outside of the Provincial Mental Hospitals, in the Province

of Saskatchewan and the only one associated with a general hospital.

In the opinion of Dr. S. R. D. Hewitt, there can be no valid argument against having a Psychopathic Division in association with a general hospital, because experience would seem to indicate, and neurologists would appear to be more or less satisfied that a great deal can be done for neurologic or psychopathic patients in a hospital of this kind, where it is associated with the facilities available in a general hospital. It is felt that such a department or division will result in many patients being cured of their mental illness or prevented from becoming more definitely mentally afflicted. It would seem also, says Dr. Hewitt, that such a division would have the tendency to reduce the number of patients going to Mental Hospitals, solely because facilities for the treatment of neurological diseases are available in a general hospital. Not only is this the reaction of Dr. Hewitt but of many others with whom he has discussed the matter, and it will be recalled that the possible co-operation of general hospitals in the treatment of neurological cases was debated at some length during the 1930 convention of the Ontario Hospital Association.

A very satisfactory arrangement has been made between the hospital and the Provincial Government, or more specifically the Provincial Department of Health of Saskatchewan, as regards the method of operation and financing of this new division. The latter makes itself responsible for the salaries of a Neurologist, a Social Service worker if her services should be required, and a Vocational Aid worker, also if required.

The administration of the division will be under the general hospital, which will furnish a graduate Supervisor, who is not only experienced in general nursing but who has had post-graduate work or special training in nursing neurological or psychopathic patients. This division of the hospital will be serviced in the same way as the rest of the hospital.

In association with the government, it is proposed to utilize pleasant colour schemes throughout the female section, most of which will comprise single rooms, so that this division will be as homelike as possible and consistent with the conditions being treated.

Generally speaking, the Psychopathic Division will be operated as an integral part of the system built up by the Department of Health for caring for mental patients, and it is felt that the association of a Psychopathic Division with a general hospital is a great step forward in the alleviation of mental disease.

### **New Pamphlet on Noise Reduction**

Among recent contributions to the increasingly absorbing study of noise reduction, is a pamphlet entitled "Less Noise . . . Better Hearing," published for the information of architects, engineers and laymen interested in noise abatement and for the improvement of hearing conditions, by the Acoustical Department of The Celotex Company, Chicago, Illinois. In Canada, the organization is known as Alexander Murray & Co., Limited, Montreal, from whom copies of this pamphlet may be procured by those interested.

## Interesting Opinions Expressed Relative to the 1931 A. H. A. Convention

**N**O better introduction can we give you to the 1931 Convention of the American Hospital Association which will be held in Toronto from September 28th, to October 2nd, inclusive, than to quote direct from the official announcement which has just been received from the Board of Trustees of that Association: "The City of Toronto, one of the most progressive cities on the North American Continent, will entertain the 1931 Convention of the American Hospital Association. With its wonderful transportation facilities, fine institutions, magnificent hotels and one of the best convention halls in any city, it affords unique advantages both to the delegate and to the exhibitor.

"The attendance at the Toronto Convention will be one of the largest in the history of the Association. A large majority of the nine hundred hospitals in the Dominion of Canada will send their representatives, and hospital people from all over the United States will be in attendance in large numbers. The meeting halls and exhibits will be on the same floor level in a wonderfully constructed building arranged especially for exhibit purposes. The Toronto Convention will afford unusual opportunities for business firms to maintain their old contacts and make new ones with the hospitals of Canada."

We are pleased to publish the following opinions of hospital administrators relative to the significance of the coming Convention, from which you may formulate countless reasons why you cannot afford to miss this event of continent-wide interest.

"The delegates who represented the Canadian hospital field at the Convention of the A.H.A. in New Orleans last year gave undoubted proof that they were live members of an intensely active organization. They are to be congratulated for having pressed the claims of our greatest Canadian city as the place of choice for the Convention. The honour thus conferred upon Toronto of having the opportunity to exhibit true Canadian hospitality as well as hospitalization will re-echo I hope in our Maritime hospital world and invite to the Convention next fall, a representative body of delegates from the provinces by the sea."—Sister Kenny, President, Maritime Conference of the Catholic Hospital Association.

"I am very pleased to learn that the 1931 Convention of the American Hospital Association is to be held in Toronto, and I believe this to be a very wise decision for the following reasons:

"1. It will enhance the already good fellowship existing between hospital administrators on both sides of the border.

"2. It will lead to an increase in the membership of the A.H.A. and will lead also to an increased number of people attending, from both sides of the line, who in the ordinary course of events would not be able to attend the Convention. This refers more particularly to the smaller hospitals.

"3. The number of exhibitors and consequently the

scope of the exhibits should be as great, if not greater, than at any previous Convention.

4. Inasmuch as the greatest exhibition of all classes of equipment, machinery, motors, etc., in the world is held

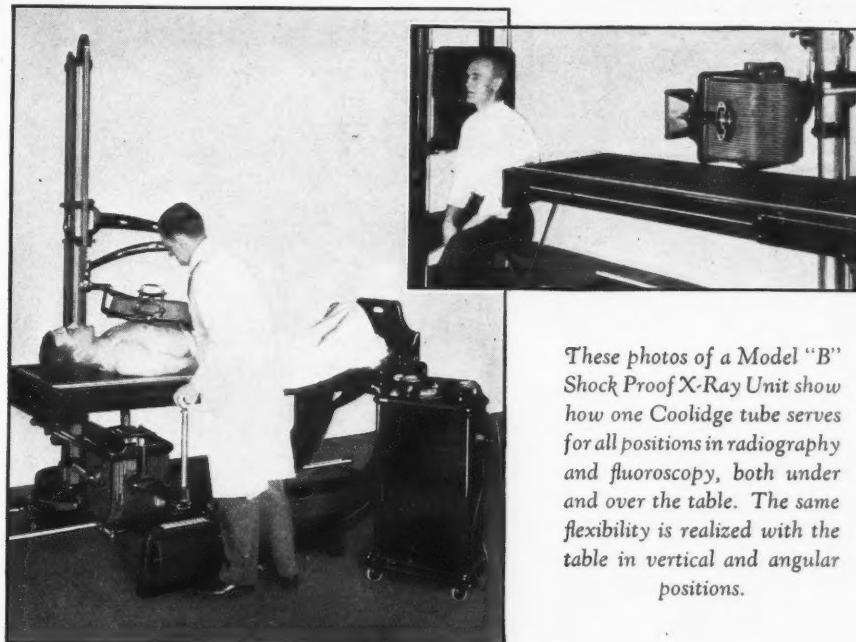
(Continued on page 14)



In this photograph, taken at the Royal York Hotel on Saturday, January 10th, are Miss Dorothy Dart, Assistant Secretary, Ontario Hospital Association (left), Miss Mary L. Burcher, B.A., Editor of the Canadian Hospital Journal (centre), and Miss Evelyn Johnston of the American Hospital Association, who is in charge of Exhibit space. This photograph was taken on the occasion of Dr. Caldwell's visit to Toronto to confer upon the coming Convention of the A.H.A., when he was accompanied by Miss Johnston, Mr. F. L. Fischer, Secretary of the Hospital Exhibitors' Association, and the contractor who furnishes the exhibit setup.



## THE PROFESSION RENDERS ITS VERDICT ON THE VICTOR SHOCK PROOF



These photos of a Model "B" Shock Proof X-Ray Unit show how one Coolidge tube serves for all positions in radiography and fluoroscopy, both under and over the table. The same flexibility is realized with the table in vertical and angular positions.

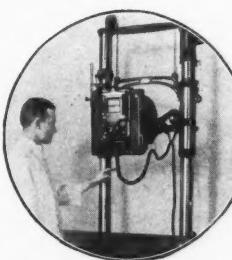
## "I Cannot Praise The Victor Shock Proof Enough"

**T**HIRTY-THREE years ago I installed an x-ray machine, then largely out of curiosity," writes a Minneapolis physician. "The Victor Shock Proof is my sixth installation and I would not change it for any other x-ray machine of the present time. . . .

"I cannot praise the Victor Shock Proof enough. As a piece of mechanical construction, it is a delight. Quick and responsive to every change in position, anyone can operate it . . . to one situated as I am this outfit is well-nigh

perfect. Uniformity in radiographic results is certain, together with remarkable clarity and beautiful contrast. One can undertake with assurance lateral spine and all abdominal work, and can do fine chest work with flash exposure. The unit is shock-proof and with reasonable care should last a lifetime."

A full appreciation of the Victor Shock Proof and its significance may be gained through reading an illustrated brochure we have prepared. Won't you write for a copy today?



This insulated low voltage cable is the only electrical connection to the unit proper. All high tension parts are sealed in oil within this shock-proof "head".

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### *Interesting Opinions Expressed Relative to the 1931 A.H.A. Convention*

*(Continued from page 12)*

in Toronto annually, and that without difficulty to the exhibitors, there can be no legitimate reason why those engaged in the manufacture and sale of hospital supplies and equipment should not exhibit at the Convention in Toronto.

"5. Finally, Toronto has a beautiful situation for a Convention, namely, on the lake front, and its commodious buildings are capable of housing the largest Convention. For those desiring to prolong their stay in Canada, there is available within three or four hours' drive over splendid highways, some of the most wonderful resorts and natural scenery in the world."—Dr. S. R. D. Hewitt, Superintendent, Regina General Hospital.

"Canada in general and Toronto in particular are most fortunate in the recent decision of the Trustees of the A.H.A. to hold the next annual Convention in Toronto. There is no doubt that the stimulus to the community which is fortunate enough to entertain this Convention has very lasting results. The Trustees of our hospitals receive a liberal education. The annual exhibit which will no doubt include this year many of our Canadian manufacturers, is an institution in itself and should provide a distinct incentive to those interested in the manufacture or purchase of hospital equipment. The liberal facilities of the Press which are always placed at the disposal of this Association will carry its message far and wide. It is unfortunate that on account of Canada's small population and great distances that we are not yet in a position to have a National Association of our own, but the International aspect of the A.H.A. places our Canadian hospitals in the position of receiving all the benefits to be derived from membership in such a large and energetic organization, and I am sure that we will all, as Canadians, and particularly those who are resident in Toronto, do everything in our power to make this Convention so attractive to all visitors that there will be no question of a return visit in the not too far distant future."—Dr. A. K. Haywood, General Superintendent, Vancouver General Hospital.

"The very fact that each year many of the large cities of America put forth great effort to secure the American Hospital Association Annual Convention would indicate that it is considered a very valuable stimulus in connection with hospital work."—Miss Muriel McKee, Superintendent, Brantford General Hospital, Vice-President, American Hospital Association.

"The decision of the American Hospital Association to come to Canada this year should result in a tremendous impetus to the hospital field in Canada. In a general way, hospital problems are closely akin all over America, and the program in which will participate hospital leaders of international repute should attract many visitors from eastern and western Canada. We are fortunate in having in Canada a chain of very active provincial hospital associations and the holding in our midst of this great

meeting with its many sections and activities should prove a real inspiration to these smaller organizations. The educational exhibit is always a mecca for those interested in construction, in nursing problems, in dietetics and social welfare and the vast commercial exhibit, embracing every kind of equipment and material used in hospitals, affords hospital workers an unusual opportunity to compare values."—Dr. G. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association.

To show the co-operation which will be accorded in inducing a full quota of American delegates to attend, we quote from a recent letter from Hospital Management: "We will do all we can to help you have a big crowd at Toronto, and if we can get you any information concerning the Convention that you may otherwise not get, please call upon us."—Mr. Matthew O. Foley, Editorial Director, Hospital Management.

"During the past few years the convention has met in widely separated places in the United States, thereby offering hospital administrators and others the opportunity of attending at least one meeting in the course of a few years without travelling an excessive distance. Many members of the Association living in Canada have regularly attended these meetings, so in a spirit of fair play they are entitled to have the next convention in their country. Furthermore, the acceptance of your hospitality will afford the members of the A.H.A. an opportunity of being benefitted by seeing your hospitals and studying their organization. This will be of great value, which combined with the pleasure of visiting Toronto, will make the 1931 convention one to be remembered for many years."—Dr. Lucius R. Wilson, Superintendent, John Sealy Hospital, Galveston, Texas.

"The selection of Toronto for the next annual convention of the American Hospital Association, to be held from September 28th to October 2nd, inclusive, met with my approval because of your large and convenient auditorium for our exhibition and the well arranged meeting halls which are in close proximity to good hotels and transportation. I also remember the delightful hospitality of the people of Toronto at the Convention I attended several years ago. I am looking forward to a large and successful meeting in your charming city."—Asa S. Bacon, Superintendent, Presbyterian Hospital of the City of Chicago.

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### New Booklet Deals with X-Ray Developing Tanks

There has just been published X-Ray Bulletin 304, dealing with "U. S. Standard" X-Ray Developing Tanks, the manufacturers of which are The U. S. Stoneware Company of Akron, Ohio. This booklet will be found interesting by X-Ray technicians, as it contains a wealth of technical detail, photographs of different types of developing tanks, diagrams and calculations. In addition to being manufacturers of developing tanks, this company makes such products as hypo vats, stoneware trays, developer jars, acid pitchers and jars and laboratory sinks. The U. S. Stoneware Company will be pleased to send you this pamphlet upon request.

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Complete X-Ray and Physio-  
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*Mundare General is the Only Ukrainian Hospital in Canada*

**M**UNDARE GENERAL HOSPITAL is the official name of the institution which is the latest achievement of the New Canadians of Ukrainian origin. Though the name does not imply anything Ukrainian, it can be truthfully said that it is the only Ukrainian hospital in Canada, as it has been sponsored by the leading Ukrainians of the town of Mundare and it serves a district where 95 per cent. of the inhabitants are Ukrainian. Moreover, it is owned, managed and staffed by Ukrainians.

In his missionary work among the Ukrainians of Alberta, the Reverend Father Kryanowsky, together with other priests of the Order of St. Basil the Great, soon found that the Ukrainians in Alberta needed a hospital of their own where they could be nursed by their own sisters, solaced in their own language and receive spiritual consolation from their own priests, and in general to feel "at home." Such a hospital was needed and Mundare seemed the right place in which to build it. A hospital board was formed and the whole matter discussed, a resolution passed and the hospital campaign inaugurated. There were some difficulties experienced in the preparatory organization, as some influential persons in high public authority saw some danger in allowing the institution to be run by Ukrainians, even though the enterprise was wholly humanitarian.

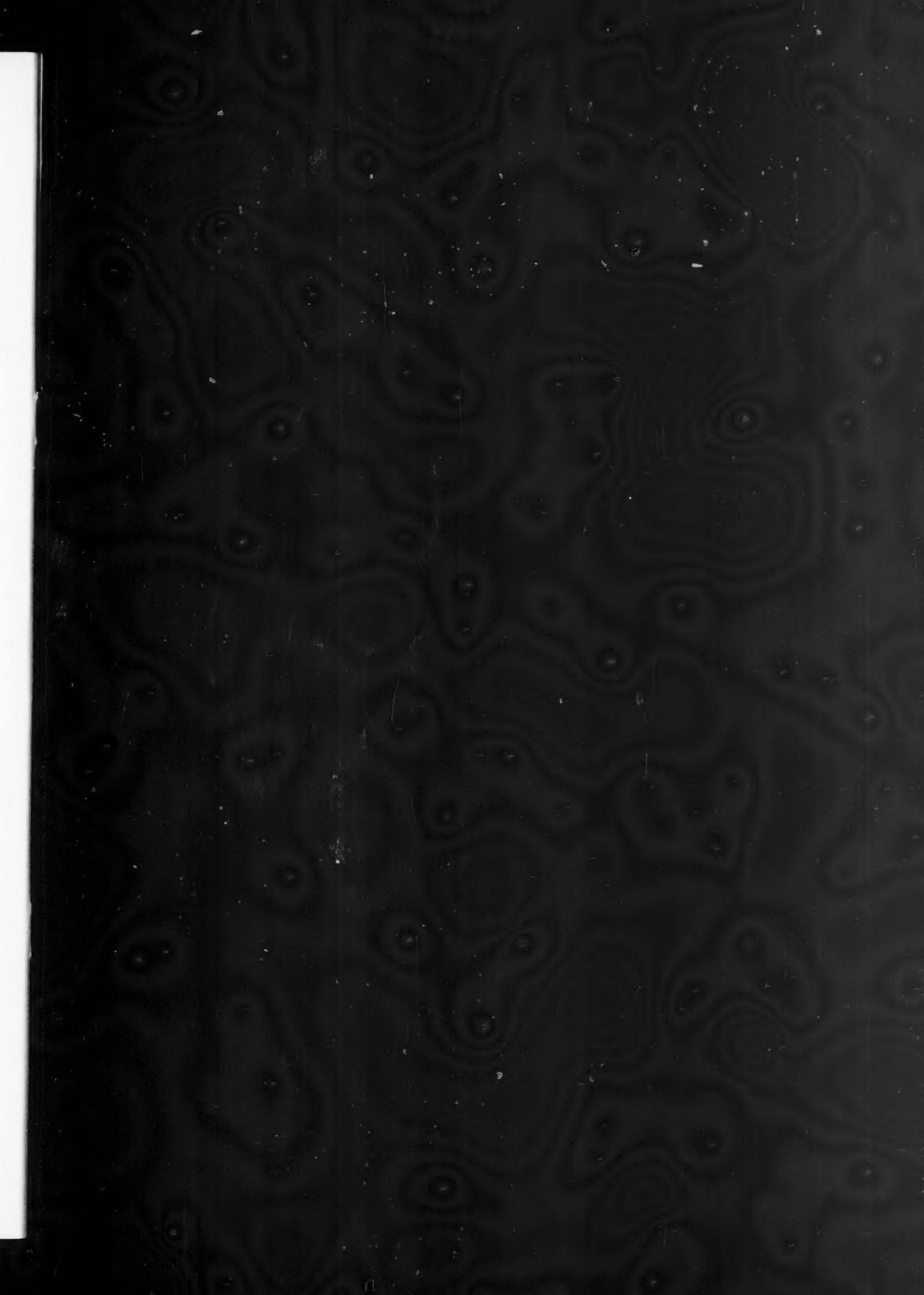
It took two years to overcome this difficulty and others similar which arose from time to time. Another setback came when there was a crop failure in 1926. In 1927 a little more life was shown and many farmers signed notes, but very little actual cash was realized. The municipal district of this locality also signed a note for one thousand dollars. But soon after, a petition was raised and signed by a number of opponents requesting that the note be made invalid. It was found that this could not be done, and in 1928 a part of the note was liquidated. A few persons of apparently bolshevistic tendencies also raised a cry, not against the hospital itself, but against its religious jurisdiction. There were obstacles from the very beginning, but in spite of them the hospital board worked with undiminished courage.

In 1928 the contract was let to Charles Gordon of Vegreville for \$36,500.00 with only \$1,000.00 in cash and \$3,000.00 in notes available. The hospital board which was formed in 1924 and re-elected in 1925 and 1926 with only a few minor changes, continues to be active. The board passed a resolution to continue with their efforts until the sum of twenty thousand dollars had been collected. Ten thousand dollars have already passed through the hands of the committee and there are still a little over one thousand dollars worth of notes unrealized. On account of these financial and moral difficulties, the building of the hospital has required two years.

In this district 95 per cent. of the people are of Ukrainian origin. They, or their parents, originated from Western Ukraine, and mostly from two provinces of the former Austrian Empire, Galicia and Bukovina. They

(Continued on page 21)

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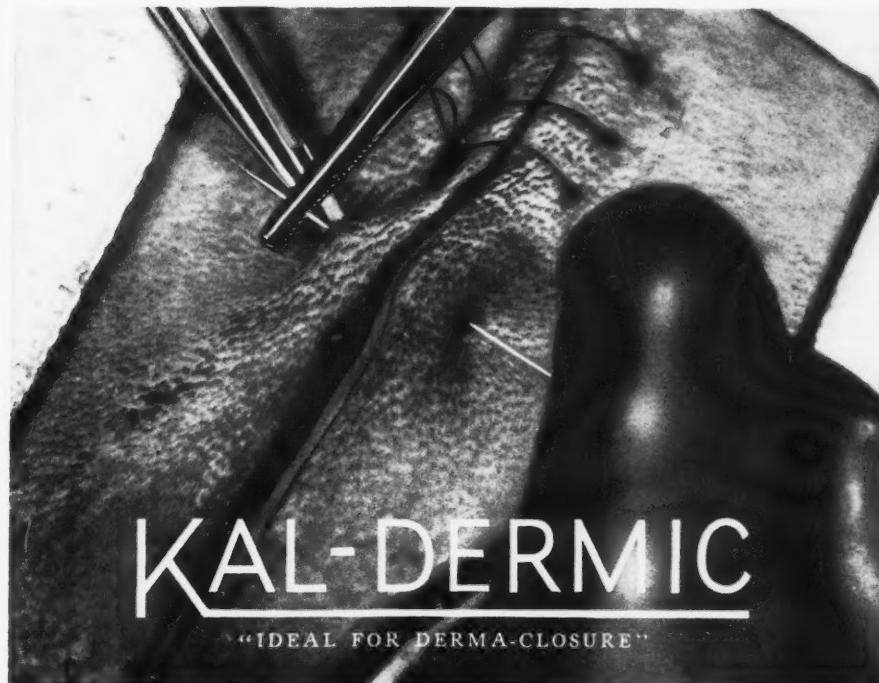




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*DAVIS & GECK, INC.*

*Announce a New Skin Suture*



A NON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is non-irritating, uniform in size, and of distinctive blue color. Prepared in sizes; 000, 00, and 0 in twenty and sixty inch lengths without needles; and in twenty inch lengths with needles. Also in sizes 1, 2, and 3 in sixty inch lengths without needles for tension work. All tubes are boilable.

DAVIS & GECK INC. • 217 DUFFIELD STREET • BROOKLYN, N. Y.

## D&G Sutures PRICE LIST FOR DOMINION OF CANADA

### *Kalmerid Catgut*

**G**ERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

#### TWO VARIETIES

##### BOILABLE\*

NO.	PLAIN CATGUT.....	1405
1225.....	10-DAY CHROMIC.....	1425
1245.....	20-DAY CHROMIC.....	1445
1285.....	40-DAY CHROMIC.....	1485

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.60  
Less 20% on gross or more or \$34.56, net, a gross

### *Kalmerid Kangaroo Tendons*

**G**ERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	NON-BOILABLE GRADE.....	
370.....	*BOILABLE GRADE.....	

Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size.....\$3.60  
Less 20% on gross or more or \$34.56, net, a gross



D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

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D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

### *Kal-dermic Skin Sutures*

"IDEAL FOR DERMA-CLOSURE"

**A** NON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.\*



NO.	INCHES IN TUBE	DOZEN
550..WITHOUT NEEDLE.....	60.....	\$3.60
852..WITHOUT NEEDLE.....	20.....	1.80
954..WITH 1/2-CURVED NEEDLE.....	20.....	3.00

Sizes: 000      00      0  
(FINE)    (MEDIUM)    (COARSE)

In packages of 12 tubes of a kind and size  
20% discount on one gross tubes or more

### *Kal-dermic Tension Sutures*

**I**DENTICAL in all respects to Kal-dermic skin sutures but larger in size.

NO.	INCHES IN TUBE	DOZEN
555..WITHOUT NEEDLE.....	60.....	\$3.60

Sizes: 1      2      3  
(FINE)    (MEDIUM)    (COARSE)

In packages of 12 tubes of a kind and size  
20% discount on one gross tubes or more

### *Atraumatic Sutures*

**F**OR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.\*

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NO.	INCHES IN TUBE	DOZEN
1341..STRAIGHT NEEDLE.....	28.....	\$3.60
1342..TWO STRAIGHT NEEDLES..	36.....	4.20
1343..3/8-CIRCLE NEEDLE.....	28.....	4.20
1345..1/2-CIRCLE NEEDLE.....	28.....	4.20

Sizes: 00 .. 0 .. 1

In packages of 12 tubes of a kind and size  
20% discount on one gross tubes or more

PRICE LIST FOR DOMINION OF CANADA *D&G Sutures*

*Unabsorbable Sutures*



NO.	INCHES IN TUBE	SIZES
350..	CELLULOID-LINEN.....	.60.....000,00,0
360..	HORSEHAIR.....	168.....00
390..	WHITE SILKWORM GUT..	.84.....00,0,1
400..	BLACK SILKWORM GUT..	.84.....00,0,1
450..	WHITE TWISTED SILK...	.60.....000 TO 3
460..	BLACK TWISTED SILK....	.60.....000,0,2
480..	WHITE BRAIDED SILK....	.60.....00,0,2,4
490..	BLACK BRAIDED SILK....	.60.....00,1,4
		BOILABLE

Package of 12 tubes of a size.....\$3.60  
Less 20% on gross or more or \$34.56, net, a gross

*Short Sutures for Minor Surgery*



NO.	INCHES IN TUBE	SIZES
802..	PLAIN KALMERID CATGUT..	.20.....0, 1, 2, 3
812..	10-DAY KALMERID "	.20.....0, 1, 2, 3
822..	20-DAY KALMERID "	.20.....0, 1, 2, 3
862..	HORSEHAIR .....	.56.....00
872..	WHITE SILKWORM GUT...	.28.....0
882..	WHITE TWISTED SILK....	.20.....000,0,2
892..	UMBILICAL TAPE.....	.24.....1/8-IN. WIDE
		BOILABLE

Package of 12 tubes of a size.....\$1.80  
Less 20% on gross or more or \$17.28, net, a gross

*Emergency Sutures with Needles*

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..	PLAIN KALMERID CATGUT..	.20.....0, 1, 2, 3
914..	10-DAY KALMERID "	.20.....0, 1, 2, 3
924..	20-DAY KALMERID "	.20.....0, 1, 2, 3
964..	HORSEHAIR .....	.56.....00
974..	WHITE SILKWORM GUT...	.28.....0
984..	WHITE TWISTED SILK....	.20.....000,0,2
		BOILABLE

Package of 12 tubes of a size.....\$3.00  
Less 20% on gross or more or \$28.80, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



*Obstetrical Sutures*

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.\*



No. 650. Package of 12 tubes.....\$4.20  
Less 20% on gross or more or \$40.32, net, a gross

*Circumcision Sutures*

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.\*



No. 600. Package of 12 tubes.....\$3.60  
Less 20% on gross or more or \$34.56, net, a gross

*Universal Suture Sizes*

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	32
3	24

\*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

+Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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S U T U R E S   I N   A N C I E N T   S U R G E R Y

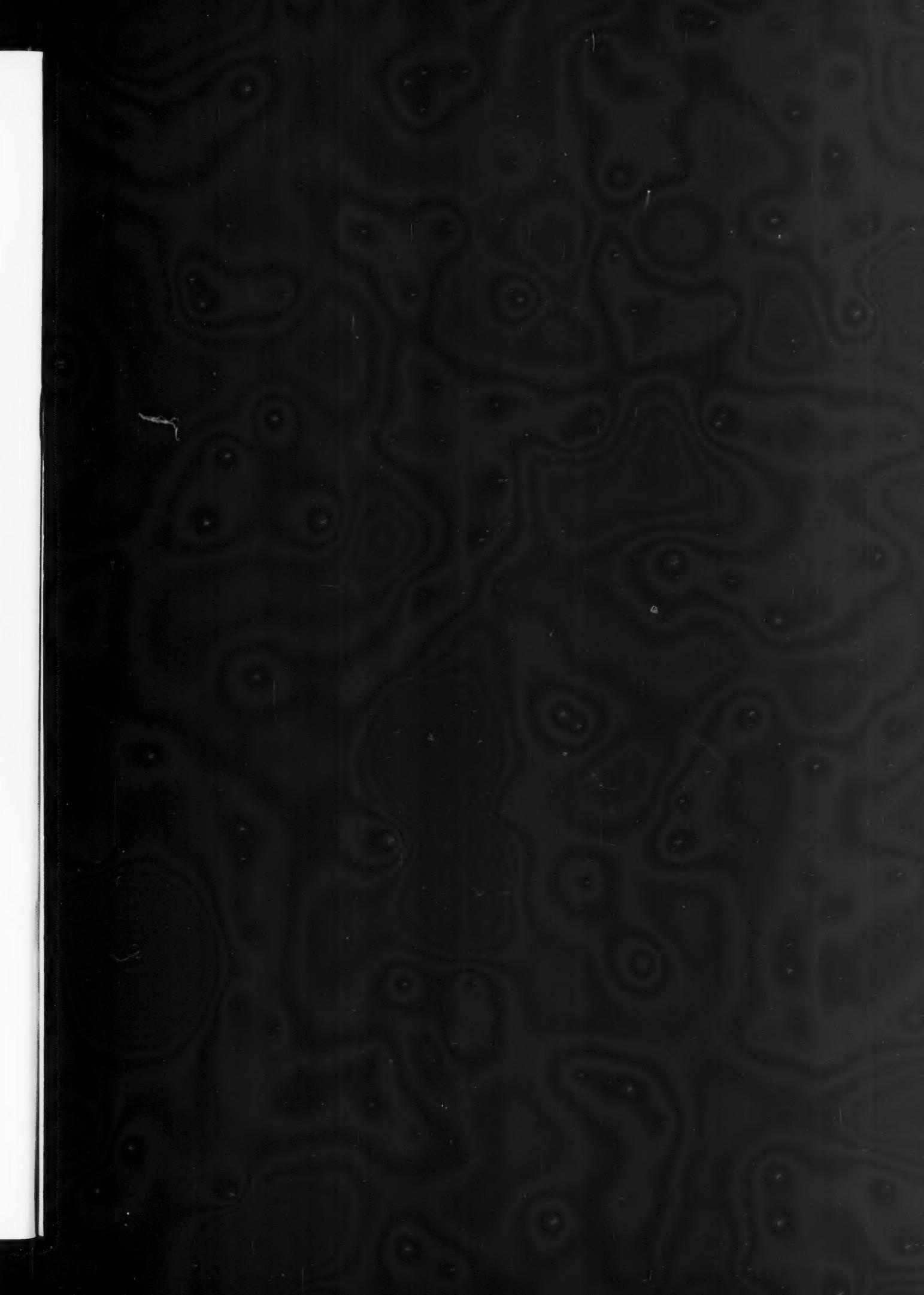


JOHN DE VIGO (1460-1519?) father of the Roman school of surgery, first won distinction during the siege of Saluzzo and later became surgeon in ordinary to the Pope. His surgical works appeared in many editions and translations, and give methods of suturing wounds in all parts of the body. He emphasizes the importance of proper anastomosis and care in the placing of stitches. In most cases he removed the sutures in six days, but in wounds of the face replaced them in three days with adhesive strips.

*D&G Sutures*

"THIS ONE THING WE DO"

DAVIS & GECK INC.





(Continued from page 16)

have all been naturalized and their children are full fledged Canadians. The fact that they have not yet forgotten their language and that they like their own institutions does not make them any less Canadian, as some uninformed and prejudiced persons might believe. As to religion, the majority are Ukrainian Greek Catholics who are united with the See of Rome, while others are Orthodox.

The hospital at Mundare was entrusted to the care of the Ukrainian Catholic Sisters of Mary Immaculate to own, manage and staff; the privilege which the Ukrainians do not have in any other hospital in their Alberta districts, or anywhere else in Canada as a matter of fact. In the province of Alberta alone there are Ukrainian districts such as Lamont, Radway, Smoky Lake, Vilna and Vegreville, which have hospitals. The Ukrainian Catholic Sisters are very little known among the English speaking Canadians, as they work with their own people. They have made wonderful progress with their services since they came to Canada.

In 1902, four Ukrainian sisters came to Alberta. They came as poor as did the other immigrants, nor had they rich and influential friends who could assist them. They settled in the district and weathered it as best they could, serving as helpers in the missionary and social work being carried on. Now they number close to one hundred. They have two houses in the province of Alberta, two in Saskatchewan, two in Manitoba, and one in the province of Quebec, and as many schools and orphanages. And now they are striving to establish hospitals and to be of still greater service to their countrymen. And for this field of work they already have qualified nurses, and a number are still in training.

Although there has been considerable talk among English speaking Canadians about help for the Ukrainians and quite a sum of money has been collected for that purpose, only a little has found its way to help these heroic sisters, who have unfortunately been obliged to blaze their own trail.

The hospital would be lacking something quite essential if having all the prerogatives of a Ukrainian hospital, it had no Ukrainian doctor. But it is also fortunate in this respect. Dr. N. Strilchuk, a very capable doctor and a Canadian of Ukrainian origin who graduated from the University of Alberta and practised in Toledo, Ohio, established his practice at Mundare a few years ago, and serves as head of the hospital. The services of another Ukrainian doctor, Dr. J. Jakimischak of Vegreville, will also be available if required, Vegreville being only 15 miles from Mundare. A third Ukrainian doctor, Dr. Holubicki of Wellington, which is 20 miles distant, is also available when necessary.

For the time being the Mundare Hospital has room for twenty beds, but provision is made for enlargement in the near future. The hospital is a two storey structure with full basement and spacious verandas built of tile brick on the inside and pressed brick on the outside. The building is steam heated. It has two public wards, 1 maternity ward, 7 private and semi-private rooms with baths. It has a large and well lighted operating room and all the accessories of the most modern requirements.

*Please refer to THE CANADIAN HOSPITAL when writing*



## Mattress Sanitation

Curled Hair alone offers the only non-absorbing mattress filler. By its very nature, it repels odors and moisture. Its enduring qualities and permanent buoyancy afford ready sterilization and the privilege of thorough renovation.

### Sterilized Curled Hair

has no substitute as a mattress filler

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*The Superior Water Softener*

Thousands are using this high grade Cleanser for cleaning all kinds of floors. Protects the finish. Dissolves in water.

In the Laundry CHAD just melts the dirt. Does not shrink woollens. Leaves your clothes spotlessly clean without hard rubbing.

CHAD works magic in the Dish Washing Machine. Makes the dishes shine. Highly recommended by Manufacturers of Dish Washing Machines.



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Montreal      Toronto      Winnipeg      Vancouver

## Sterilizing Equipment, However Dependable, Should be Periodically Checked

**C**ONSENT upon a recent unfortunate occurrence in one of our Canadian hospitals, when six deaths due to streptococcus haemolyticus infection were attributed to faulty sterilizing technique, we approached several of the well-known manufacturers of sterilizing equipment for comments, not upon the occurrence itself, but upon the necessity for reliable sterilizing equipment, for careful and conscientious staffs whose duties in whole or in part consist of the supervision or operation of this equipment, and for periodic checks upon sterilizing technique.

It is obvious from their remarks, quoted in the following paragraphs, that they are agreed that no matter how dependable the sterilizing equipment, serious consequences may follow faulty technique, continued failure to check results and the insidious habit of "taking things for granted."

This is what one manufacturer says in the matter: "The writer recalls an incident which occurred in a large hospital within the last two years where the staff doctors were inclined to blame unusual post-operative conditions upon improper sterilization. We were invited to check the sterilizers and actually operate them, which we did, for either two or three days, during which time we also checked the sterilizing technique in practice. Cultures taken at this time showed no refiltration and the technique was more than usually thorough, that is, goods were being autoclaved for two periods, water was being sterilized for 45 minutes, and at every point the hospital had been accustomed to a very rigid technique. We are not at liberty to name the hospital in question, but developments later showed that the trouble was clearly due to another cause.

"We mention this merely in passing and not in defense or otherwise of the sterilizer equipment . . . and will concede the possibility, if not probability, of contamination from sterilizers not equipped with modern safety piping. This matter of safety piping was first called to the attention of all manufacturers during 1928, as a result of very careful investigation and research by Dr. Arnold H. Kegal, Health Officer, Chicago, and his assistant, Mr. Joel I. Connolly, Sanitary Engineer. It was conclusively shown that there was a possibility of reinfection through cross connections in piping or leaky and improperly closed valves. As a result, all manufacturers promptly co-operated, and at the present time every sterilizer, without exception, has preventive devices of one kind or another, all of which have been approved and which eliminate any cause for further concern through conditions, or let us say the type of construction in common practice prior to 1928, or to be more exact, prior to the early part of 1929.

### Serious Consequences May Follow Faulty Sterilizing Technique, Continued Failure to Check Results, and Habit of "Taking Things for Granted"

"This Company incidentally, was one of the first to adopt a complete system of safety piping and our first designs were inspected and approved by Mr. Joel I. Connolly at our factory. Since that time, we have made other important improvements, with the result that to-day we can safely say that our sterilizers are completely protected against possible contamination through inadvertence or any cause whatsoever.

"To be more concise, we think we might better tabulate those features which must be and are to the best of our knowledge corrected now in

modern sterilizers of present manufacturers:

1. Danger of syphoning water from non-pressure utensil and instrument sterilizers through a solid or fixed water inlet. This is now overcome by 'Air Breaks' sufficient to withstand a complete vacuum and with the water filler at a level above the top of the tank. Overflow connected to vent drain.
2. Possibility of contamination to sterile contents through a leaky or improperly closed valve. This is now completely protected by various and different designs of approved construction. This company has developed a Water Supply Valve (patent applied for) with a bleeder to the waste line. When the valve is open in filling the tank, the bleeder is closed so that no water is wasted through the bleeder. When the valve is closed the bleeder is permanently open and the bleeder has a leakage capacity of from 35 to 40 gallons an hour against a leaky or improperly closed valve.
3. Possibility of choked line backing up and contaminating sterile tank. This is now completely overcome by the use of open vents at the waste connection. In the case of the Dressing Sterilizers, there is practically no opportunity for non-sterilization except through improper discharge of air and condensation, causing a temperature lower than the comparative pressure indicated on the pressure gauge. This is now overcome by the adoption of the original . . . principle of 'Forced Air Evacuation' by which air and condensation are constantly and continuously discharged from the chamber during sterilization.

"So much for the present, but what of the past? What is a hospital to do with sterilizers of older construction which are not equipped with modern safety piping? This is a question which needs careful thought and consideration. Selfishly, as a manufacturer, we might condemn wholesale all sterilizers not so equipped, but we feel that this would place a heavy burden upon a large majority of the hospitals and one which they might not be able to adequately meet. Sterilizers prior to 1928 are perfect

in operation and in carrying out of a proper technique and were built to operate with perfect safety under normal conditions. We would recommend to those hospitals who are still using old sterilizers that they take more than ordinary precautions to see that their valves are not leaking and that their waste lines are free, that is, not obstructed. Careful attention to the mechanical parts of the apparatus would go a long way toward eliminating a condition similar to that in . . . Hospital. . . .

"Certain features of safety might be added to old sterilizers without possibly discarding the entire equipment or spending a great deal of money to revamp them. Utensil and instrument sterilizers could be equipped with swing faucets over the top of the tank so that the faucet could be swung clear of the tank after filling. This company could undertake to furnish a patented Water Supply Valve with a separate bleeder to the waste line.

"Nor must we overlook the importance of having nurses thoroughly trained in the operation and technique of sterilizing equipment."

This is what another well-known manufacturer of hospital sterilizers has to say in response to our request for comments:

**Sterilizers Manufactured To-day Function with Perfect Safety**

"The principle back of definite sterilization for surgical purposes is very well defined, and beyond question there is no sterilizing apparatus being manufactured to-day in this country which, if handled with reasonable care and kept in good shape, will not function with perfect safety.

"It is true that some makes of sterilizers have been more carefully designed than others from the standpoint of simplicity of performance. Our company, for example, stresses the point that our modern dressing sterilizers, incidentally the most difficult apparatus to handle in the entire line of sterilizers, are controlled by a single dialed valve for every function of the sterilizer, whereas no other type of dressing sterilizer functions with the use of less than two valves. Obviously, the point is that a hurried nurse is more prone to make mistakes if she must control two or more valves than if all of the functions are handled by one valve, and if that valve is dialed.

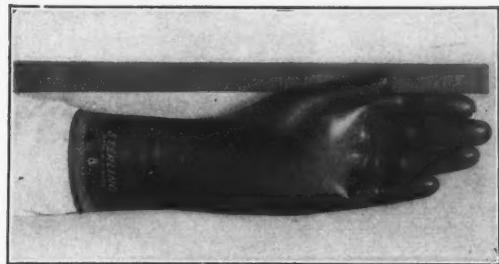
"Similarly, we believe every modern make of dressing sterilizer discharges its air through what is called an automatic air eliminator. Without proper discharge of air, no sterilizer can function properly. Some of these air discharge systems are vastly more effective than others. Any one of them can easily become clogged by an accumulation of lint and other materials which work down from the sterilizer body into the piping and the delicate mechanisms which control the air discharge.

"A point most seriously worthy of the consideration of hospital people generally, is that their sterilizing equipment be given thorough inspection at sufficiently frequent intervals.

"Some nurses in training who are often permitted to operate sterilizers would probably not detect clogging of the air discharge system even though apparatus for detection is available. The only possible way to avoid serious difficulties of this kind is to require frequent inspections of the working parts of every sterilizer by an engineer who has been trained and who understands basically what each sterilizer is supposed to do. One of the

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reports that comes to us in this instance indicates that the engineer was not supplying sufficient steam pressure to operate the sterilizers properly. If that is true, needless to say no sterilizer, regardless of how carefully it might have been handled otherwise, could have been expected to function.

"We emphasize the very great advantage of the services of a competent engineer in every hospital. Our long experience in building sterilizers for institutions and serving them indicates the unquestionable truth of this statement.

"We who drive automobiles know that if we permit our cars to go too long without changing the oil and greasing the working parts generally, that the result will be wear and tear for which we shall ultimately have to pay. Most of us who keep our cars in good condition and use them hard, pay pretty liberally for good service and find that the expense is thoroughly justified. But many hospitals seem to think that a sterilizer can keep on functioning indefinitely without any attention at all, and the fact that comparatively few serious infections occur in most hospitals . . . is due to the fact that sterilizing procedures as generally outlined, carry a very high factor of safety. Difficult organisms to destroy are comparatively rarely found in the materials undergoing sterilization. If those difficult organisms were very common, it is our candid opinion that a great many more accidents would occur.

"Familiarity does breed contempt, and that expression applies somewhat in this instance. Surgeons and nurses go on year after year operating, with little if any difficulties from infection, and often get the feeling, we are afraid, that sterilizing is a necessary evil and perhaps become a little lax, when in fact something unusually dangerous may be lurking just around the corner.

"Not infrequently, we find errors that startle us when inspecting sterilizing equipment. Sometimes this sort of thing goes on for months before someone detects the error, and nothing very serious happens, but there is not the slightest doubt in the world that if the materials contained dangerous organisms in the first place, that there would have been plenty of trouble.

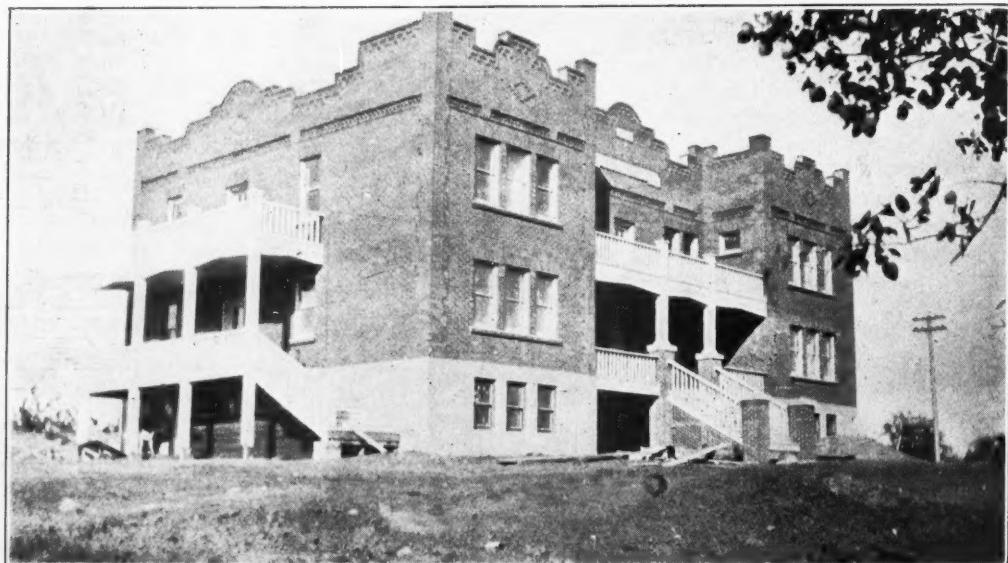
"On at least two occasions the writer has found hospitals attempting to sterilize strips of gauze contained in glass jars with the covers screwed on, in which there was no possibility of any steam gaining access to the gauze. In one very large institution this practice had been followed for a long time without any ill effects. The fact that lack of attention to specific requirements is very dangerous has just been illustrated.

"We feel inclined at this time to offer our most sincere thanks, to pay our most sincere respects, to that group of nurses, of whom there are thousands, who take their sterilizing seriously. . . . Correct sterilizing is perhaps the most important function of the nurses who do work in and about the surgery."

Having examined with interest the comments of these two manufacturers of sterilizing equipment, we approached the manufacturer of Dunham Medium Pressure Traps for pertinent information. This is what they have advised us:

"The pressure of course, determines the temperature of steam. Here are a few pressures with their corresponding temperatures:

0 lbs. Pressure (atmosphere)	—212 degrees F.
6 "	—229.8 "
25 "	—266.8 "
50 "	—297.7 "



*This is an exterior view of the Mundare General Hospital, Mundare, Alberta, operated by the Sisters of the Immaculate Conception.  
(See article on pages 16 and 21)*

"The Dunham Medium Pressure Trap operates over a pressure range from 0 lbs. to 60 lbs. It is connected at an outlet of the steam chamber of the sterilizer. The trap is open when cold. Thus, as steam enters the sterilizer it drives air out of the steam chamber through the open trap. The trap stays open until the steam completely fills the chamber and reaches the trap. The heat of the steam expands the trap disc and closes off the line. As steam condenses, the water flows to the trap. It is cooler than the steam and slightly contracts the disc, opening the valve just sufficiently to let the water flow out of the equipment into the returns.

"The dual function of the trap is to vent all air and water from the sterilizer. Without a trap there would be danger of air pockets in the steam chamber which would give uneven temperatures, possibly dangerously low. Water backed up in the steam chamber would also lower the heating efficiency of part of the surface. In addition, the trap reduces steam consumption because the steam is prevented from blowing through the equipment into the return line and wasted.

"It is presumed that sterilizer manufacturers stress the importance of pressure gauges on their equipment, as these are the first index of whether or not the engineer is supplying the right kind of steam for the job."

Our attention has recently been drawn to an article entitled "Do Your Sterilizers Always Sterilize?" which appeared in the November 1928 issue of *The Modern Hospital*. This article was written by Mr. W. Hargreaves of Vancouver, B.C. We are very sorry that the nature of this article should be such as to preclude the possibility of quoting from it without breaking the continuity of the arguments, for the article records almost exclusively the results of numerous experiments in sterilizing technique concerned with the question "Do Your Sterilizers Always Sterilize?", as the title indicates. We have no doubt that Miss Charlotte Janes Garrison, Director of Hospital Library and Service Bureau, American Hospital Association, 18 East Division Street, Chicago, Ill., will repeat her courtesy to us by sending hospital administrators who may be interested in this article or others dealing with sterilizing, a copy of this article, in the event of your not making it a practice to file back copies.

MONTREAL, P.Q.—Public offering of an issue of 5% serial bonds of the Grace Dart Home Hospital, Montreal, by a Montreal investment house, is expected shortly. The bonds will be wholly subsidized by the Quebec Government as to principal and interest payments. The purpose of the issue, it is understood, will be to meet the major cost of re-establishment of the institution in new and enlarged quarters. The Grace Dart Home Hospital was founded in 1898 and is maintained primarily for the care of destitute people suffering from pulmonary tuberculosis in its advanced stages. The hospital is at present located at 2334 St. Antoine Street, where there is accommodation for some thirty patients. A new site has been obtained on Sherbrooke Street, near Cadillac Street, on which a building with accommodation for 100 patients will be erected.

## MICROSCOPES

by Steindorff

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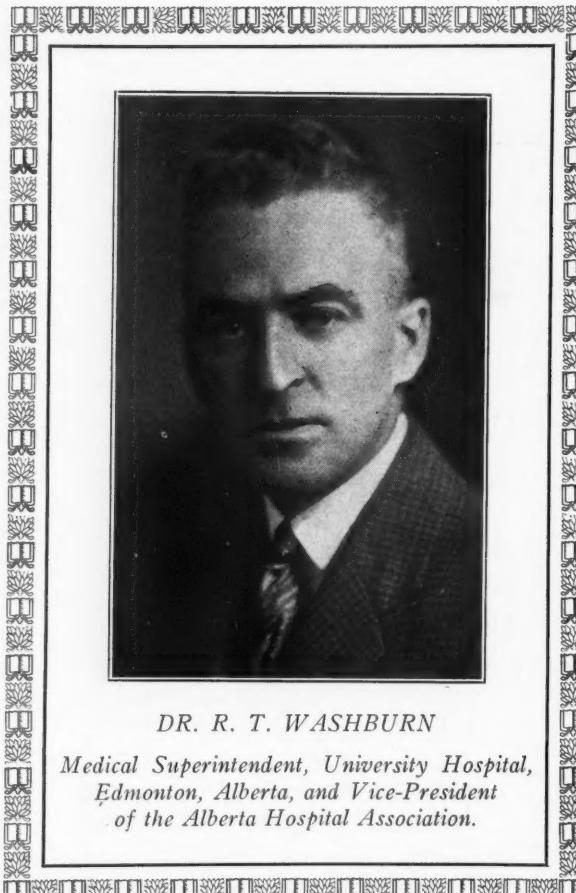
*Please refer to THE CANADIAN HOSPITAL when writing*

## Enlarged University of Alberta Hospitals Serve as a Health Centre

**A**T the official opening of the new wing of the University Hospital, Edmonton, which took place on October 17th, 1930, the institution was visioned by the Honourable George Hoadley, Minister of Health, as a health centre for the entire province. The official opening was performed by His Honour Lieutenant-Governor Dr. William Egbert, with Dr. Robert Charles Wallace, president of the University of Alberta, presiding. The ceremony took place in the Recreation Hut of the military section of the hospital, the program being broadcast over Station CKUA, the University radio station. With the completion and opening of the new wing, the city of Edmonton and the province of Alberta have come into possession of what experts pronounce as one of the finest institutions on the continent, as far as design, organization and equipment are concerned.

The University Hospital is a public institution, owned and operated by the people of the province for the benefit of the people as a whole. Although the hospital was originally built during the war by the Dominion Government as a soldiers' hospital, it has long since ceased to be exclusively a soldiers' institution. Since its purchase by the University of Alberta from the government, it has been a general hospital. The hospital has not, however, ceased to take an interest in the soldier patient. Under contract with the Dominion Government, the authorities care for those who still require medical and surgical attention as a result of wounds or injuries contracted during the war. About eighty beds are set aside for this service.

The hospital is also charged with the care of post-infantile paralysis cases in a separate department usually known as the Provincial Special Hospital. This department contains from seventy to seventy-five beds. But apart from these, all beds are available for the public in just the same way as those of any public general hospital. With the addition now completed, there are a total of 375 beds in the University Hospital. With the construction of the new wing, there has been applied not only



DR. R. T. WASHBURN  
*Medical Superintendent, University Hospital,  
Edmonton, Alberta, and Vice-President  
of the Alberta Hospital Association.*

to it but to the older section as well, the principle of units, that is a division into sections for the care and treatment of specified ailments.

If anyone has the mistaken idea that western Canadian institutions are "roughing it in the bush" let them carefully examine the following facts in connection with the University of Alberta Hospital. The hospital is fully modern, even to the extent of being a "Closed Hospital," with a staff of doctors having special qualifications, on appointment. The building is fireproof throughout, located on the University grounds a short distance from the new Medical Building on the campus. It includes all departments of medicine and surgery with the exception of obstetrics and communicable diseases. By affiliation, medical students and nurses receive their instruction in these two branches, all other training being received in the University Hospital.

The hospital is built and operated on the Unit System. The top floor is set aside in its entirety for the treatment of tuberculosis, and care has been taken in the selection of equipment in accordance with the latest technique in the treatment of this disease. The third floor is the specialists' section. The Urological service has its Cystoscopic room, X-Ray, developing section and service room adjacent. The Gynaecological, Dermatological and Eye, Ear, Nose and Throat divisions have their operating rooms, laboratories, etc., on the same floor. The second floor is surgical and has fracture service with ample provision for dressing rooms, etc. On the first floor there are two medical services and the metabolic service. A Biochemical laboratory is located here with a twenty-four hour service for blood chemistry.

On the ground floor provision is made for the X-Ray, Physiotherapy, Basal Metabolism, Electrocardiograph, main laboratory, diagnostic clinic and lecture rooms. The medical students' lecture room will seat 75 students. Provision has also been made for offices and examining room on this floor for the chiefs of medicine and surgery. On the lower ground floor, with its separate entrance, is the

Psychopathic Section, and care has been taken in guarding against accidents of all descriptions which might occur in a section of this nature where there are mentally afflicted patients.

The dental surgery is under the direction of the dental faculty of the University and the practical work for the hospital is carried out by the dental interne. All public ward patients, on admission, have an examination of the mouth as routine, and service patients have treatment carried out, free of charge, concurrently with the treatment of whatever disability requires that they be in the hospital. This service has linked up more closely the medical and dental professions.

The outstanding features in the construction of the new 120-bed addition are the terrazzo floors throughout with block rubber tile in the corridors. Adjacent to each service (medical one and two, surgical one and two, urological and gynaecological, there is a sun parlour for the use of patients and for teaching purposes. Student classes may be held there without disturbing the routine of the wards, and visa versa. A new X-Ray film storage has been installed on the roof with automatic sprinklers controlled by a "rise in temperature" fuse. The equipment throughout the hospital is of the best and latest type. Wards are equipped with steel beds in walnut finish, and screens and curtains are made of attractive chintzes. Care has been taken to create a homelike appearance and atmosphere.

A bed allotment has been made to members of the medical staff, and adjustment is made yearly, the idea

being to shorten the patient's stay in the hospital. More graduate nurses are being employed, one at least being seconded to each service, thus promoting team-work and improving the service to nurses in training.

The Training School for Nurses is under the direction of Miss Ethel Fenwick. Two courses are offered, one leading to a B. Sc. degree in nursing conferred by the University of Alberta, the other a diploma course. The diploma course requires three years of hospital training, the degree course five years, three of which are spent as regularly enrolled university science undergraduates and 31 months in actual hospital training. The nurses taking the diploma course take their lectures in preparatory nursing science at the University. Students enrolled in either course have full undergraduate standing in the university and are admitted to student activities and organizations. Due to the fact that the hospital is organized on the Unit System, each student nurse receives intensive training under specialists and with special equipment which enables her to chose the type of nursing in which she will specialize after graduation.

The Training School for Nurses dates back to 1923. To date, seventy students have graduated in the diploma course and five have received the degree of B.Sc. in nursing. The present registration includes 73 student nurses. Miss Ethel Fenwick has been superintendent of nurses since 1926, when she took over the work from Miss G. Smiley. Miss Fenwick is a graduate of the Toronto General Hospital. She took a special course in Hospital Administration at McGill University after serving for several

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years in the hospital from which she graduated. Miss Helen Peters is assistant superintendent of nurses and is a graduate of the Montreal General Hospital, having taken the same course as Miss Fenwick. Miss Mary Turner, instructress of nurses, is a graduate of the Ottawa Civic Hospital. Miss A. Olds is night supervisor.

There is said to be a need for a Nurses' Residence. At the present time, the student nurses are accommodated on the top floor of the hospital annex in the Robertson College building and a part of St. Stephen's College. The graduate nurses live out.

Every effort has been made to introduce a homelike atmosphere into the hospital. The old idea that rooms and corridors must be white has been discarded, a warm decorative scheme of buff and off-white having been adopted throughout, with brown rugs and brown furniture instead of white.

Electricity comes into play in the operation of the automatic elevator, the telephone switchboard and the call system. When a doctor, nurse or intern is wanted, the telephone operator touches a switch which illuminates the code call number of that official on each of the twenty electrical corridor stations. There are also fire signals on these illuminated stations, so that without noise or confusion in other parts of the hospital, members of the hospital's internal fire brigade, composed of orderlies and internes, will go to the scene of the fire and look after the evacuation of the building. The system also provides for a noiseless system of fire drill which does not disturb the patients.

The waiting room is combined with the board room, saving the expense of a room used for board meetings only twice a month. It is an attractive place decorated in rich blue, provided with communication to the telephone operator's post by a small window.

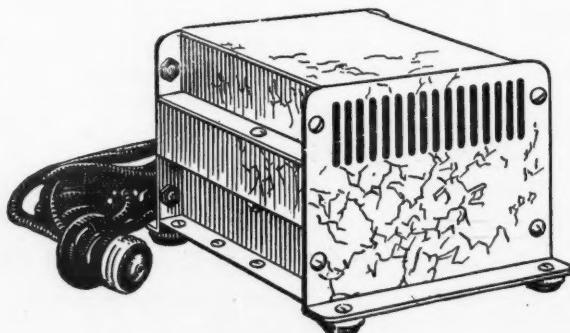
Dr. R. T. Washburn is superintendent of the hospital and recording secretary of the board.

**An Electrical Air Purifier**

The illustration shows a new Electrical Air Purifier that generates "ozone".

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This little device, measuring 5 x 4 x 8 inches, is par-



ticularly suitable for use in private wards for purifying the air.

It is entirely portable, quickly installed, needs no attention or service, and costs even less than an ordinary electric fan to operate.

G. H. Wood & Company Limited, with offices at Toronto, Montreal and Ottawa, have a number of these devices in their warehouses, which they are offering at an exceptionally low price.

### Northern Electric Co. Introduce "Esrobert" Sun Lamp

The S-1 bulb with which it is equipped and the double jointed arm permitting a wide range of adjustments are the outstanding features of the new "Esrobert" Sun Lamp, distributed in Canada by the Northern Electric Co., Limited.

Finishes of the lamp are English bronze or antique ivory. The new lamp is intended for operation on 60 cycles, 110 to 120 volts A.C. circuits.

The S-1 bulb employed in the new lamp consists of a "V" shaped tungsten filament, two tungsten electrodes and a pool of mercury enclosed in a bulb of special glass. The current passing through the filament heats it to incandescence, then part of the mercury is vaporized and an arc is formed between the electrodes. The special glass of the bulb is designed to filter out the harmful rays and

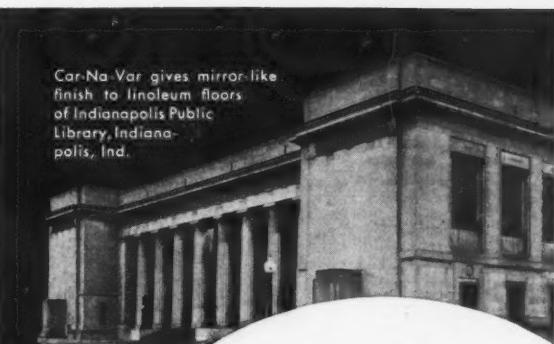


to permit the passage of the healthful ultra-violet rays only. The bulb produces forty times as much of the desired ultra-violet rays per foot candle as the best summer sunlight.

An automatic timer, Type S-1001, may be used with the lamp and connected between the lamp and the power source. It is then set for the time desired. The timer will then automatically throw the switch at the end of the desired period.

The Esrobert Sun Lamp is also made in a ceiling type for use in office installations where the floor type is not practical. The transformer is located above the reflector. It is made in both antique bronze and antique ivory finish. It is furnished with 3 feet of chain, which may be shortened as desired, a screen and anti-glare glass unit.

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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,  
and Personal News of Hospital Workers*

*Editor's Note: Contributions of items for publication in this department will be gladly received.  
Please Address, The Canadian Hospital, 177 Jarvis Street, Toronto.*

CHURCHILL, MAN.—The necessity of establishing a hospital at Churchill by the United Church of Canada was urged recently by Mrs. S. A. Martin, wife of the United Church minister stationed there.

HAMILTON, ONT.—An early start in the \$610,000 Mountain Hospital expansion program is planned by the Board of Control of the City of Hamilton. W. P. Whitton has been named by the Board to draw up the plans for the hospital additions. The Nurses' Residence will be extended by two storeys as part of the building program.

HAZELTON, B.C.—Completion of a new Mission hospital has recently been announced by the United Church. Built to serve Indians and white settlers, including lumbermen and trappers in the northern interior of British Columbia, the building replaces antiquated structures. The cost of construction was shared equally by the Government of the province, the Department of Indian Affairs and the United Church Home Missions' Board. Modern equipment is included and 50 patients can be accommodated. The founder, Rev. H. C. Wrinch, a member of the provincial legislature, is still medical superintendent. His son, Dr. L. B. Wrinch, a recent graduate of the medical school of the University of Toronto, is his assistant.

LETHBRIDGE, ALTA.—An open winter has enabled construction on the new St. Michael's Hospital to progress favourably. The concrete walls have already risen more than 25 feet, and two more storeys are yet to be added.

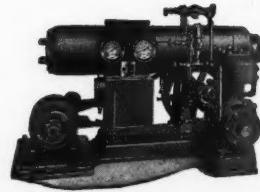
LONDON, ONT.—Adjutant Minnie Robinson, former matron of the Salvation Army Hospital at Toronto, has taken charge of Bethesda Hospital, succeeding Adjutant F. Sibbick, who has been transferred to Montreal.

LONDON, ONT.—Miss Nora E. McPherson, superintendent of nurses at Victoria Hospital, tendered her resignation to the Hospital Trust on December 23rd, this taking effect January 31st. Miss McPherson was acting superintendent of Victoria Hospital during the summer months and was appointed to her present position in the summer of 1929. She succeeded Miss Grace Fairley, who

resigned to take a position on the coast, and until that time had been Miss Fairley's assistant. No appointment has as yet been made, we are informed, and Miss S. Stewart will be acting nursing superintendent.

MAGDALEN ISLANDS.—Miss Bessie Banfill sailed from Pictou on the S.S. Lovatt for Grosse Isle, one of the Magdalen Island group, where she will be stationed for a year at the Red Cross Outpost Hospital.

OTTAWA, ONT.—For the tenth term D. M. Finnie has been elected chairman of the Board of the Civic Hospital, thereby creating for himself an enviable record in continued active interest in hospital affairs.



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OTTAWA, ONT.—At a recent meeting of the Board of Trustees of the Civic Hospital, the matter of a moving picture machine for the use of the surgical staff was brought up by Dr. Robertson and its need explained by Dr. A. S. McElroy. On motion of the Trustees it was decided to invest \$600 in a suitable machine.

\* \* \*

QUEBEC, P.Q.—An entire wing of the St. Michael Archangel Hospital for the Insane was destroyed by fire on December 13th, the loss being estimated at \$700,000. The hospital, built in 1864, is located at Beaufort, a suburb. So well organized were the patients in the matter of fire drills, that in 20 minutes every patient was in a place of safety and the firemen concentrated their efforts upon saving the building. Since its construction in 1864, the building has twice been damaged by fire.

\* \* \*

REGINA, SASK.—Dr. O. E. Rothwell has assumed his new duties as director of the Psychopathic Department of the Saskatchewan Government at the Regina General Hospital.

\* \* \*

ST. JOHN, N.B.—The Saint John's Chapter of the Registered Nurses' Association have offered to furnish a boys' ward of six beds in the new General Hospital which is under construction.

\* \* \*

ST. JOHN, N.B.—The nurses of the St. John Infirmary are enjoying their new quarters in the former Rosary Hall building, which has been re-arranged and thoroughly renovated and is now the Nurses' Residence of the Infirmary. Through the generosity and energetic efforts of the Infirmary Aid and the Infirmary Alumnae, many welcome gifts have been received which contribute immeasurably to the comfort of the residence. The accommodation of the building is for 29 nurses.

\* \* \*

ST. JOHN, N.B.—The commissioners of the St. John Public General Hospital will support the St. John and New Brunswick Medical Societies in requesting purchase by the Provincial Government of a supply of radium for the treatment of cancer among the poor of the province, undertaking to provide at the new General Hospital a cancer clinic with an expert in charge. At the same time that this matter was considered, it was decided to ask for a conference with representatives of Dalhousie University to consider the future status of the General Hospital for clinical training for medical students. The date for the opening of the new hospital is tentatively set for some time in August or September. In connection therewith, a letter has been written to Lord Dawson of Penn, the King's Physician, asking that if he is able to arrange his projected trip at that time, he might speak at the opening ceremonies.

(Continued on next page)

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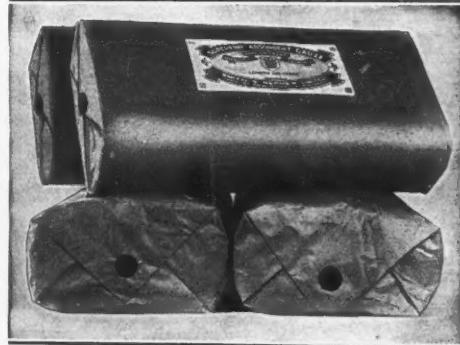
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### News of Hospitals and Staffs

(Continued from page 31)

SARNIA, ONT.—Miss Minnie Lee, former surgical supervisor of the Sarnia General Hospital, has been appointed superintendent of that institution in succession to Miss K. W. Scott, who recently resigned to become superintendent of the Kitchener-Waterloo Hospital. The new superintendent has been associated with the hospital for sixteen years.

\* \* \*

SASKATOON, SASK.—Construction of the new wing of the City Hospital will be commenced immediately, it was decided at a recent meeting. The general contract has been awarded to A. W. Cassidy & Company, the tender being for \$130,688.

\* \* \*

SELKIRK, MAN.—Friends of the Selkirk General Hospital made a presentation to the institution recently of the surgical ward in the new wing, which they have furnished and equipped as their contribution in the recent erection of the new addition.

\* \* \*

STRATHROY, ONT.—Miss Anna E. Burgess, a graduate of a Melbourne, Australia, hospital, has been engaged as Assistant Superintendent of the Strathroy Hospital, her official duties having commenced January 2nd. Miss Burgess has had ten years' experience in the profession and is a specialist in obstetrical nursing. She is also proficient in dietetics and understands X-Ray work. Miss Burgess recently came to Ontario from the Pacific Coast.

\* \* \*

TORONTO, ONT.—The Shriners' Crippled Children's Committee have under advisement the establishment in one of Toronto's hospitals of two children's wards, one for boys, the other for girls, containing six to eight beds each and to be known as Rameses Temple Wards, where crippled children sent in by that Temple will be treated free.

\* \* \*

TORONTO, ONT.—Sickness among the unemployed non-residents of Toronto recently reached such proportions that combative measures became necessary. As a result, 25 beds have been set aside in one of the Toronto hospitals for the sick unemployed, for which \$1 per day is paid and the medical services thereto furnished by the Health Department.

\* \* \*

TORONTO, ONT.—At a meeting of the Board of Trustees of the Hospital for Sick Children, Dr. Allan Canfield was appointed physician-in-charge of the Mothercraft Centre recently established in Toronto, which will open some time in February, we understand. Miss Helen C. Satchell will be matron of the institution, as indicated in a recent article on this important new project which appeared in the Canadian Hospital.

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WELLAND, ONT.—The general contract for the children's ward of the Welland County General Hospital has been awarded to the Reg. Timmins Construction Co. Limited, for \$3,300. It is thought that this ward will be ready for occupancy in about two months' time.

\* \* \*

WINDSOR, ONT.—Dr. Malcolm Robert Graham, who for the past seven years had been medical superintendent of the Essex County Sanatorium, died on December 25th after a long illness as the result of heart trouble. Dr. Graham came to the Border Cities from Calydon when the new sanatorium was opened and had been active in the discharge of his duties until a few months ago, when illness forced his resignation. Dr. Graham graduated from the University of Toronto in 1909, since which time he had become highly regarded as an expert diagnostician in tubercular cases.

\* \* \*

WOODSTOCK, ONT.—The new superintendent of the Listowel Memorial Hospital is Miss Woodward, a native of Norwich, who has a splendid record in hospital work. Miss Woodward has filled the following important positions: Night Supervisor, Port Arthur General Hospital; Superintendent, Strathroy Hospital; Superintendent, Neepawa Hospital, Manitoba, as well as having had considerable experience in the operating room of the Guelph General Hospital.

#### Ontario Hospital Association Co-operating with A.H.A. Convention

In view of the fact that the American Hospitals Association is holding its 1931 Convention in Toronto from 28th September to 2nd October, the Ontario Hospital Association has decided to withdraw its regular Annual Convention in order that all its members may attend the A.H.A. meetings. One day during the week will be set apart for business and sectional meetings of the Ontario Hospital Association, with possibly a Luncheon at noon, the date of which will be announced later.

In the meantime the Board of Directors of the Ontario Hospital Association urges its members and friends to make a note of the A.H.A. Convention dates, and plan to attend their meetings. The Convention will be outstanding from an educational point of view. The Commercial and Educational exhibits will number several hundred, and the magnificent new Automotive Building in the C.N.E. Grounds will house this fine Exhibition and the day meetings of the Association. No one interested in hospital work and management who can possibly attend should miss the opportunity of doing so.

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## Index to Advertisers

<b>A</b>	<b>H</b>
Ames & Rollinson ..... 34	Hartz, J. F., Co., Ltd. ..... 23
Apple, J. F. Co. ..... 34	Herdt & Charton, Inc. ..... 28
Aznoe's Central Registry for Nurses ..... 34	Hobart Mfg. Co., Ltd. ..... Fourth Cover
<b>B</b>	
British & Colonial Trading Co., Ltd. ..... 32	Kellogg Co. of Canada Ltd. ..... 3
Burke Electric & X-Ray Co., Ltd., The ..... 16	L
<b>C</b>	
Canadian Ice Machine Co., Ltd. ..... 30	Lysol (Canada) Ltd. ..... 5
Canadian Feather & Mattress Co., Ltd. ..... 4	M
Can. Industrial Alcohol Co., Ltd. ..... 29	Merck & Co., Inc. ..... Second Cover
Canadian Laboratory Supplies, Limited ..... 32	Metal Craft Co., Limited ..... Second Cover
Cash, J. & J., Inc. ..... 32	Morris Hospital Service ..... 34
Castle, Wilmot, Co. ..... 6	O
Central Scientific Co. of Can., Ltd. ..... 25	Office Specialty Manufacturing Co., Limited ..... 32
Cheney Chemicals, Ltd. ..... 16	P
Continental Chemical Corp'n Ltd. ..... 29	Patrick, W. G. & Co., Ltd. ..... 33
Corbett-Cowley, Ltd. ..... Third Cover	Prowse, Geo. R., Range Co. ..... 32
Corporate Steel Products, Ltd. ..... 4	S
<b>D</b>	
Davis & Geck, Inc. ..... Front Cover, 17-20	Smith & Nephew, Limited ..... 31
Delany & Pettit, Limited ..... 21	Squibb, E. R. & Sons of Canada, Ltd. ..... 27
Denoyer-Geppert Co. ..... 33	Sterling Rubber Co., Limited ..... 23
Diack, A. W. ..... 33	T
Dustbane Products, Ltd. ..... 21	Textile Products Co. ..... 28
<b>G</b>	
General Electric X-Ray Corporation ..... 13	V
<b>W</b>	
Wood ,G. H. & Co., Ltd. ..... 15	

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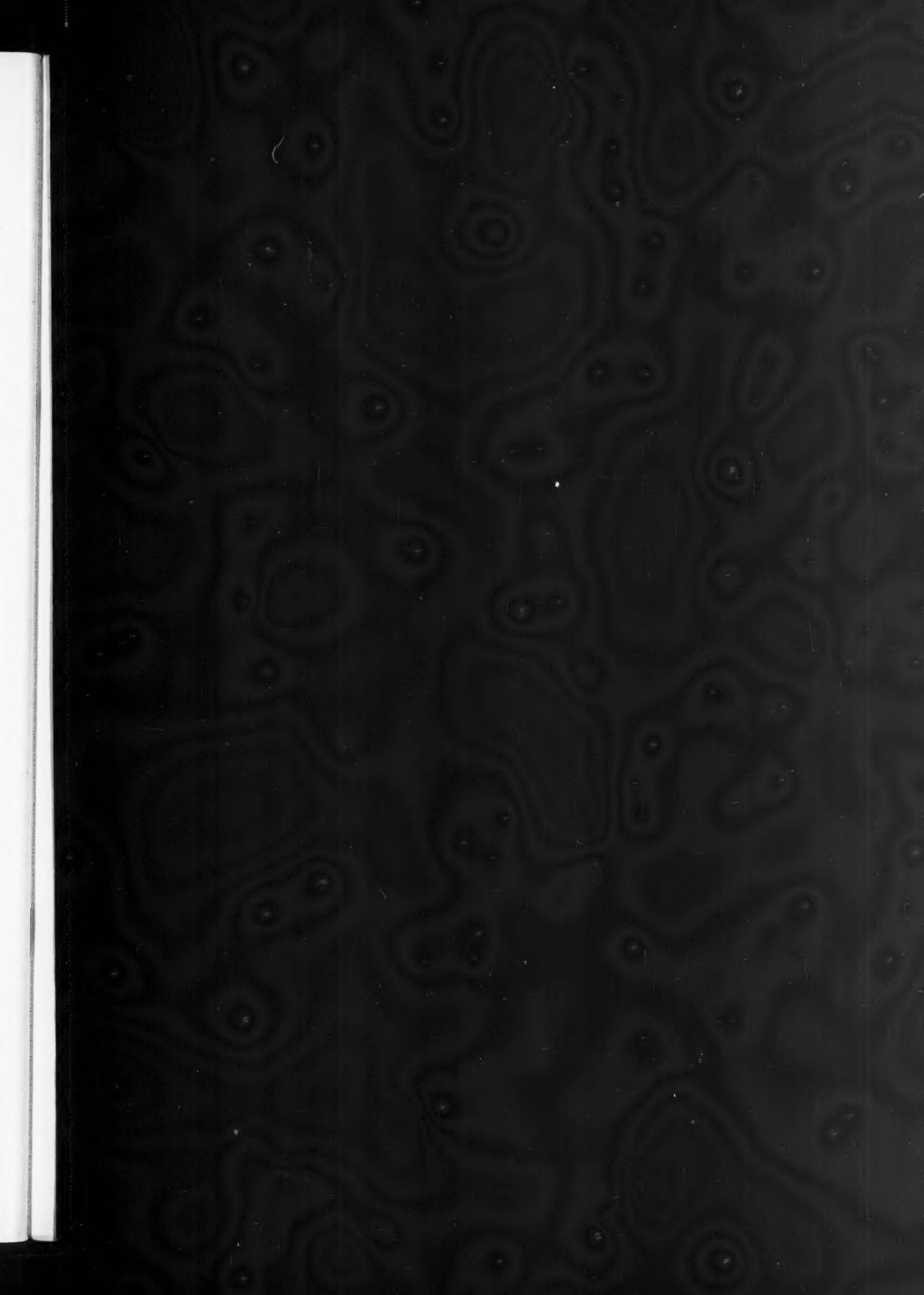
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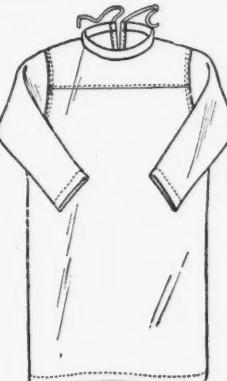
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